

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101591355

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER	
	1 ST AMENDMENT	DEP.	IND.	DEP.	1 ST AMENDMENT	DEP.	IND.	DEP.	1 ST AMENDMENT
1									
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50									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS			12						

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER	
	1 ST AMENDMENT	DEP.	IND.	DEP.		1 ST AMENDMENT	DEP.	IND.	DEP.
51									
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TOTAL DEP.									
TOTAL CLAIMS			12						